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PTO/SB/01 (09-04)
Approved for use through 07/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

942170

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′	DECLARATION FOR UTILITY OR			TY OR	Number				
	DESIGN				First Named	Inventor	Rozenda	al, Jacobus A	
	PATE	NT AF	PLICATIO	N T		СОМ	LETE IF	KNOWN	
	(37 CF	R 1.63)		Application (Number	<u> </u>		
	Declaration		Declara		Filing Date				
ت	Submitted (With Initial	OR		ed after Initial urcharge	Art Unit				
	Filing		(37 ČFF require	R 1.16 (e))	Examiner N	ame		 	
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I here	by declare that:	:							
Each i	nventor's reside	nce, mai	iling address, a	and citizenship are a	as stated bel	ow next to th	eir name.		
	ve the inventor(s a patent is soug			ne original and first	inventor(s) o	f the subject	matter w	hich is claime	ed and for
	Conservation Tillage Implement, System and Method								
100	.,	•	• • •						
(Title of the Invention) the specification of which									
	is attached he	reto		-					
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	OR				٦				
~	was filed on (M	M/DD/Y`	YYY) <u> </u>	03/05/2004	as Unite	d States App	lication N	umber or PC	T International
Applic	ation Number	PCT/CA	2004/000339	and was amende	d on (MM/DI)/YYYY) [(if applicable).
				rstand the contents	of the above	identified sp	ecificatio	n, including t	he claims, as
amen	ded by any amer	ndment s	specifically refe	erred to above.					
l ackn	owledge the du	ity to dis	sclose informa	tion which is mate	rial to paten	tability as de	efined in	37 CFR 1.5	6, including for
				ormation which bed te of the continuation			tne ming	date of the p	mor application
				r 35 U.S.C. 119(a					
				(s), or 365(a) of ar ica, listed below ar					
applic	ation for patent,	inventor	's or plant bree	eder's rights certific	ate(s), or any	PCT interna	ational ap	plication hav	ing a filing date
	that of the applic		n which priority	r is claimed. Foreign Filing	- Doto	Priority	 T	Cortified Co	opy Attached?
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[Page 1 of 2]

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
NAME OF SOLE OR FIRST IN	VENTOR:		etition has been fi	led for this unsig	ned inventòr
Given Name (first and middle [i	fany])			y Name or Surna	
Jacobus A.	}		Rozene	daal	
Inventor's Signature					Date Dec 30/04
Residence: City \	State		Country	Citize	•
Salford	Ontario		Canada (')	Canadi	an
Mailing Address 364018 McBeth Road					<u> </u>
City	State		Zip		Country
Salford	Ontario		N0J 1W0		Canada
NAME OF SECOND INVENTO	PR:		A petitio	n has been filed	for this unsigned inventor
Given Name (first and middle [i	f any])		Family	Name or Surnar	me
Philip M.			O'Grady		
	hip O'Loo	y			Date Occ. 2, 2004
Residence: City	State		Country /	\ 7 Citize	ensnip
Castleton	Ontario		Canada (/////	Canadi	ian
Mailing Address 330 Darling Road				· 	
City	State		Zip	Coun	try
Castleton	Ontario		K0K 1M0	Canad	a
Additional inventors or a legal re	presentative are being name	d on the	supplemental sheet(s)	PTO/SB/02A or 02LR	attached hereto.

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(DECLARATION		ADDITIONAL Supplemental S	. INVENTOR(S) heet	Page 1 of 1		
	Name of Additional Joint Inventor, if any	/ :	A petition I	nas been filed for this ur	nsigned inventor		
26	Given Name (first and middle (if any)))	Family Name or Surname				
(21)	James F.		Boak				
Ο W	Inventor's Signature Roak				Date Dec 21 04		
	Leamington Residence: City	Ontario State	Canad Cou	11/4/11	Canadian Citizenship		
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	Mailing Address						
	Leamington City	Ontario State		N8H 2E5 Zip	Canada Country		
	Name of Additional Joint Inventor, if any	<i>y</i> :	A petition has been filed for this unsigned inventor				
	Given Name (first and middle (if any)))	Family Name or Surname				
40	John M. Averink						
1 4	Inventor's Signature	>			Nov 27/04		
-	Norwich Residence: City	Ontario State		Canada Country	Canadian Citizenship		
	29 Marshall Drive						
	Mailing Address	<u> </u>		T.	<u></u>		
	Norwich City	Ontario State		N0J 1P0 Zip	Canada Country		
	Name of Additional Joint Inventor, if any		A petition has been filed for this unsigned inventor				
	Given Name (first and middle (if any))		Family Name or Surname				
50	Geof J. Gray						
<i>J</i> •	Inventor's Signature		Date 30/0				
	Woodstock	Ontario		Canada ()	Canadian		
	Residence: City 356 Cromwell Street	State		Country V/X	Citizenship		
	Mailing Address			Т	<u> </u>		
	Woodstock City	Ontario State		N4S 5B3 Zip	Canada Country		

In The United States Patent & Trademark Office

In re application of: Jacobus A. Rozendaal, et al.

Serial Number:

Filed:

Docket No.: 942170

For: CONSERVATION TILLAGE IMPLEMENT, SYSTEM AND METHOD

Associate Power of Attorney

The Honorable Commissioner of Patents and Trademarks Washington, D.C. 20231

Dear Sir:

Please grant the practitioners under Customer No. 26659 Associate Power of Attorney in the above-identified U.S. Patent Application.

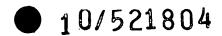
Respectfully submitted,

Sout A.H. Bunet

Robert A. H. Brunet Registration No. 55,158

Date: January 19, 2005





PTO/SB/81 (11-04) Approved for use through 11/30/2005. OMB 0651-0035

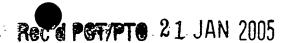
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First Named Inventor	Jacobus A. Rozendaal
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Art Unit	
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Attorney Docket Number	942170

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I hereby appoint:						
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Practitioner(s) named below:						
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as my/our attorney(s) or agent(s) to prosecute the application Trademark Office connected therewith.	identified above, and to tra	nsact all business in the United Sta	ates Patent and			
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Applicant/Inventor.						
Assignee of record of the entire interest. See 37 CFF Statement under 37 CFR 3.73(b) is enclosed. (Form						
SIGNATURE of Applicant or Assignee of Record						
Signature Date Dec 30 /04						
Name Jacobus A. Rozendaal Telephone						
Title and Company DESIGNER						
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PTO/SB/81 (11-04)

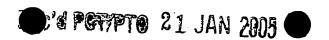
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Art Unit	
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SIGNATURE of Applicant or Assignee of Record								
Signature	Ph	1 Obrahil				Date	Dec 2,2004	
Name	Philip M	O'Grady				Telephone	405-344-500	8
Title and Company	<u> </u>	ALES MANAGER						
NOTE: Signatures of all signature is required, see		rs or assignees of record of the enti	ire interest or thei	represent	ative(s) are require	ed. Submit mu	ultiple forms if more than	one
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First Named Inventor	Jacobus A. Rozendaal
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Signature Com Boale			·			Date	Dec 21,04.	
Name James F. Boak (Telephone			<u>]</u>					
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Signature // Signature	_		Date	Nov 27/64	
Name John M. Averink			Telephone	,	
Title and Company SERVICE MAN	JAGER				
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Title		
Art Unit		
Examiner Name		
Attorney Docket Number	942170	

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I <u>am</u> the:				
Applicant/Inventor.				
Assignee of record of the entire interest. See 37 CFR 3.71.				
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)				
SIGNATURE of Applicant or Assignee of Record				
Signature Seo Signature		Date JAN 10/05		
Name Geof J. Gray		Telephone		
Title and Company GENERAL MAY	MAGEN SALFORD	FARM MACHINGRY LA		
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.				
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Thereby appoint: Practitioner(s) named below. Name Registration Number Name Name Registration Number Number: Number: Name Registration Number Number: Number: Number: Name Registration Number Number: N	I hereby revoke all previous powers of attorney given in the above-identified application.				
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Name Registration Number as myour attorney(s) or agent(s) to prosecute the application Identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Please recognize or change the correspondence address for the above-identified application to: The address associated with the above-mentioned Customer Number: OR In the address associated with Customer Number: 26659 City Country Telephone I am the: Applicant/Inventor. Applicant/Inventor. Applicant/Inventor. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Signature Signature Geof J. Gray Telephone Title and Company General Manager , Salford Farm Machinery Ltd. NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.					
as myour attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Please recognize or change the correspondence address for the above-identified application to: The address associated with the above-mentioned Customer Number: The address associated with Customer Number: 26659 Firm or Individual Name Address City State Zip Country Telephone Fax I am the: Applicant/Inventor: Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Signature Geof J. Gray Telephone Title and Company General Manager , Salford Farm Machinery Ltd. NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.	Practitioner(s) named below:				
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Total of 6 forms are submitted.					